

EMPLOYER REPORT-Nur

Due:

(Fold and mail in window envelope when completed)

Case #:

Name of Probationer:

Profession:

Employer: _____

Address: _____

Direct Supervisor: _____

Job description/duties: _____

DOPL

ATTN: PROBATION / URAP

PO BOX 146741

SALT LAKE CITY UT 84114-6741

Have you read the conditions of probation?

YES _____ NO _____

	Excellent	Above Average	Average	Below Average	Don't Know	Comments:
1. Interpersonal relationship						
2. Dependability						
3. Technical aspects of clinical skills						
4. Clinical judgment						
5. Leadership ability						
6. Response to constructive criticism						
7. Job performance						
8. Knowledge base						
	Yes		No		Comments:	
9. Evidence of drug consumption						
10. Random urines obtained						
11. Directly supervised by						
12. Access to controlled substances						
13. Disciplinary problems						

ADDITIONAL COMMENTS:

Supervisor Signature

Phone Number

Date